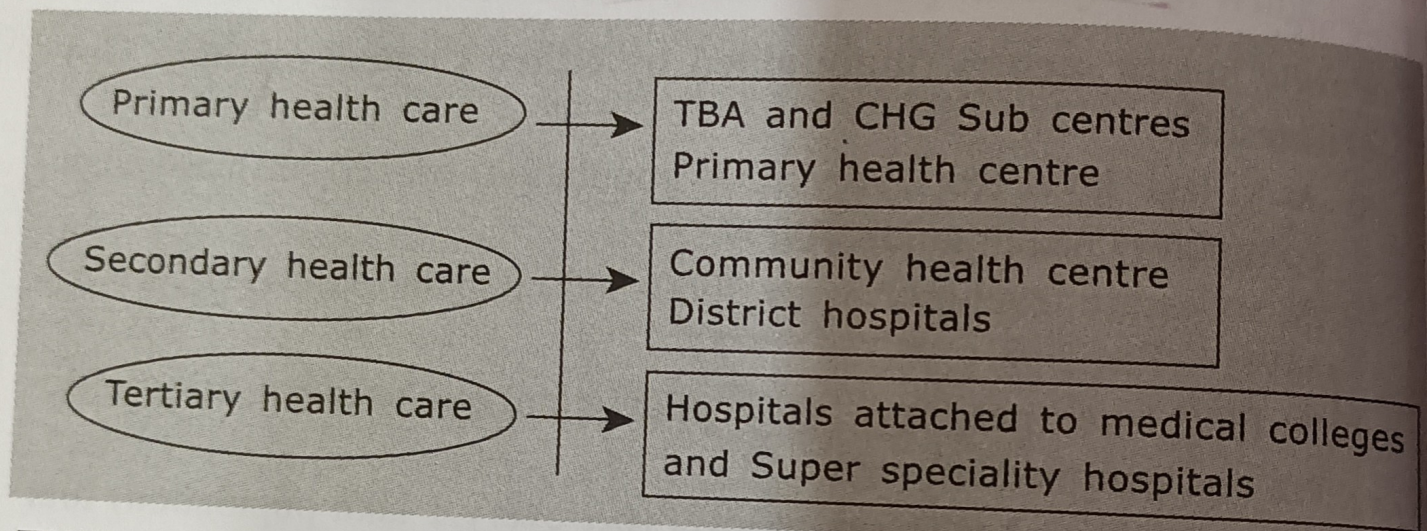


HEALTH CARE DELIVERY SYSTEM

Health care delivery system in India is three-tier system. It operates through three levels. They are:

- Primary health care
- Secondary health care
- Tertiary health care



THREE-TIER PRIMARY HEALTH CARE DELIVERY SYSTEM

Primary Health Care

Primary health care delivery system in India is at three levels. They are:

1. Village level (1000 population)
 - a) Community Health Guide
 - b) Trained birth attendant (trained dai)
 - c) Anganwadi worker (under ICDS scheme)
2. Subcentre level (3000 to 5000 population)
 - a) MPHA(m): Multi purpose health assistant (m)
 - b) MPHA(f): Multi purpose health assistant (female)
3. Primary health centre level (20000 to 30000 population)
 - a) 1 to 2 medical officers

1. Village level

a) Village health guide (or community health guide)

This system was introduced on 1.10.97. Under this scheme a person (male or female) with an aptitude to serve was selected by the community. But he/she is not full time govt. employee (preference is given to females).

The criteria for selection of CHG are:

- i) Selected one from each village or for every one thousand population
- ii) Should be a permanent resident of that area (village)
- iii) Minimum qualification should be 6th class
- iv) Should be acceptable to all sections of the community
- v) Should spare at least 2-3 hours per day for community health work.

They are given training in PHC in three months duration. During this period he/she should receive training for minimum of 200 hours. During the training period of three months they are paid 200 rupees per month.

After finishing the training they are paid monthly 50 rupees as honorarium and drugs worth Rs. 600 yearly once.

Duties of CHG are:

- i) Treatment of minor ailments
- ii) First-aid treatment
- iii) Mother and child health services including family planning
- iv) Health education
- v) Basic sanitation

b) Trained dais (Trained birth attendant)

In India most of the deliveries in rural area are conducted by local dais (also called traditional birth attendants). They are also called untrained dais. Because of their illiteracy and uncleanness, the deliveries conducted by them are often in trouble. So the govt. has decided to give training to them about clean and safe deliveries. After the training is over they are called *trained birth attendants*.

Criteria for selection of TBA

- i) Selected one from every village or one per every 1000 population.
- ii) They should be permanent resident of that area.
- iii) They should be acceptable to all sectors of the community.
- iv) Only females are selected.

They are given training in PHC or subcentre or MCH centres, they should receive training for 30 days (30 working days). They will receive 300 rupees during the training period. They are trained 2 days in a week in PHC and the rest 4 days in a week they will accompany health assistant female to the villages, preferably the dais own village. During training they have to conduct two deliveries under the guidance of MPFA(F).

During the training, emphasis is mainly on asepsis (i.e., 5 cleans)

- i) Clean hands
- ii) Clean surface
- iii) Clean blade
- iv) Clean thread
- v) Clean stump

So that home deliveries can be made safe and clean.

After training they are provided with:

- i) Certificate and delivery kit.
- ii) She will receive Rs. 10 for the conduct of each delivery.
- iii) She receives Rs. 3 for the registration of each birth.
- iv) They are expected to promote family planning (welfare).

c) Anganwadi workers (work under ICDS programme)

There is one anganwadi worker for a population of every 1000. She is selected under ICDS programme. Each ICDS block contains 100 anganwadi workers. In India now more than 5300 ICDS blocks are functioning.

ICDS (Integrated child development scheme)

Selection criteria

- i) She is selected from the same community.
- ii) She will receive four months training in health, nutrition and mother and child development.
- iii) She is a part-time worker. She will receive an honorarium Rs. 400 per month.

Services provided by ICDS programme are:

- i) Health check-ups
- ii) Immunization
- iii) Supplementary nutrition
- iv) Health education
- v) Referral services

Beneficiaries are:

- i) Children below 6 yrs of age
- ii) Women in reproductive age group (15–45 yrs)

2. At subcentre level

In India there is one subcentre for every 5000 population. In tribal areas, hilly areas and backward areas, there is one subcentre for every 3000 population. Each subcenter is manned by:

- a) MPHA (M) (Multipurpose Male Health Assistant)
- b) MPHA (F) (Multipurpose Female Health Assistant)

a) Job Responsibilities of MPHA (f)

- i) MCH care including family planning (welfare).
- ii) Nutrition (supply of iron folic acid tab, vitamin A solution).
- iii) Immunization.
- iv) Collection of vital events and recording of vital events.
- v) Record keeping.
- vi) Health education.
- vii) Training of dais.
- viii) Treatment of minor ailments.
- ix) School health.
- x) Participation of national health programmes.

b) Job responsibilities of MPHA(m)

i) Participation in national health programmes

- Collection of malaria smears and distribution of chloroquin tablet.
- Collection of sputum from suspected tuberculosis cases.
- Identification of leprosy cases. Motivate them to follow the treatment regimen.
- Filarial survey.
- Diarrhoeal disease control programme.
- ARI Control Programme.

- ii) Environmental sanitation
 - Chlorination of wells
 - Health education about environmental sanitation.
- iii) Immunization
- iv) Family planning
- v) Health education
- vi) Collection of vital events
- vii) Record keeping
- viii) Treatment of minor ailments
- ix) Medical termination of pregnancy (identify and refer to PHC)

3. Primary health centre level

In India, one PHC was constructed for every population of 30,000 in rural areas and 20,000 in tribal and hill areas. The medical officer of the PHC will be responsible for all the activities (under health and family welfare programmes) in their respective areas. He is also administrative head of primary health centre. He will be solely responsible for the proper functioning of the PHC.

There will be one or two medical officers in a PHC.

Staff pattern of PHC (mandal PHC)

a) M.O	—	1 or 2
b) Staff nurse	—	1
c) MPHEO	—	1 or CHO
d) Senior assistant	—	1
e) MPHA (female)	—	1
f) Pharmacist	—	1
g) Lab technician	—	1
h) Contingent worker	—	1

In old PHCs or mother PHCs staff pattern is:

a) Medical officer	—	2
b) MPHEO	—	1
c) Block extension educator	—	1
d) Staff nurse/public health nurse	—	1
e) Pharmacist	—	1
f) MPHS(M)	—	1
g) MPHS(F)	—	1

h) Senior assistant	—	1
i) MPHA (F)	—	1
j) MPHA(M)	—	1
k) LD computer	—	1
l) Driver (if vehicle present)	—	1
m) Attenders	—	2

Duties of medical officer (PHC): The main functions of a medical officer are:

- Preventive and promotive
- Curative
- Administrative

Secondary Health Care (Intermediate health care)

Secondary health care or intermediate health care is provided by community health centres and district hospitals. These hospitals look after specialised referral needs of PHC (so these are called first level referral centres) and health care needs of the people of the district.

The staff pattern of CHC (Community Health Center)

1. Medical officers—4, either qualified or specially trained to work as surgeon, obstetrician, physician, paediatrician (One of them should be qualified or trained in public health).
2. Nurse mid-wives—7
3. Dresser—1
4. Pharmacist/compounder—1
5. Lab technician—1
6. Radiographer—1
7. Ward boys—2
8. Dhobi—2
9. Sweepers—3
10. Mali, chowkidar, aya, peon—1 each.

Staff Pattern of District Hospital

Specialists in medicine, surgery, obstetrics and gynaecology, ENT, ophthalmology, orthopedics, anesthesia, radiology are present.

Pathologist may or may not be present.

Services provided by them are:

1. Specialist medical care and surgical care
2. Emergency care
3. Specialized diagnostic services
4. Inpatient services and OP services, supervisory services.

The specialist doctor and paramedical staff provide secondary health care with specialised infrastructure and intervention. It covers specialist consultations.

Tertiary Health Care (Apex care)

These are also called *second level referral centre*. Tertiary health care is provided through hospitals attached to medical colleges and superspeciality hospitals. They have all high-tech diagnostic and therapeutic equipment along with highly specialised medical and paramedical professionals to render superspeciality medical care. They also provide apex level services for various national programmes and training medical professionals.

Staff

1. Teacher-specialty wise (specialists in all specialities)
2. Superspecialist-specialty wise
3. Specialised paramedical staff

Equipment

High-tech diagnostic and therapeutic equipment

Services

1. Emergency care
2. Speciality and superspeciality care
3. Inpatient services.
4. Clinical training (doctors and nurses)
5. High-tech diagnostic and therapeutic services.

a) **Preventive and promotive**

He is responsible for proper functioning of various national health and family welfare programmes in his areas. He will prepare operational plan and ensure effective implementation of the same. He will work with the close cooperation of MDO, MPP, other community leaders and various social welfare agencies.

- i) MCH services (maternal and child health services): Antenatal, intranatal, postnatal care of mothers.
- ii) Supervision and implementation of nutritional programmes like vitamin A supplementation and iron-folic acid distribution.
- iii) Immunization (plan, implement, supervision of): He will ensure adequate supply of vaccines, proper storage and maintenance of cold chain.
- iv) He will visit schools in his PHC area at regular intervals and arrange for medical check-ups, treatment of minor illnesses, immunization of children etc.
- v) He will be responsible for proper and successful implementation of family planning programmes in his PHC area including education, motivation, delivery of services and aftercare.
- vi) He will get himself trained in tubectomy and wherever possible organise tubectomy camps. He also organises and conducts vasectomy camps.
- vii) ARI control – He will ensure through his team early detection of pneumonia (ARI) cases and provide appropriate treatment. He will supervise the work of health supervisors and health workers in treatment of mild and moderate ARI.

viii) Diarrhoeal disorder: He will ensure through his health team early detection of diarrhoeas and dehydrations and provide treatment through ORT (oral rehydration therapy). He will arrange for correction of moderate and severe dehydration through appropriate treatment.

ix) He will look after all national health programmes through:

- Universal immunization programme (UIP)
- RNTCP (Revised National Tuberculosis Control Programme)
- NLEP (National Leprosy Elimination Programme)
- Modified Plan of Operation (National Malaria Eradication Programme)
- National Family Welfare Programme
- Guinea-worm Eradication Programme
- National Programme for the Control of Blindness
- National Filaria Control Programme
- School Health Programme
- ARI and Diarrhoeal Disease Control Programme
- National AIDS Control Programme

x) Where kala-azar and Japanese encephalitis are endemic: he will be responsible for all JE control measures, kala-azar operations in his area.

xi) Health education.

b) Curative

- i) The medical officer will organise the dispensary, outpatient department and will allot duties to the auxiliary staff to ensure smooth running of OPD.
- ii) He will make arrangements for rendering services for the treatment of minor ailments at community level and at the PHC through his subordinate staff.
- iii) He will screen cases which need special medical attention including dental cases and nursing care and refer them to referral institutions.
- iv) He will visit each subcentre in his area at least once in a fortnight on a fixed day not only to check the work of the staff but also to provide curative services.
- v) He will attend to cases referred to him by health assistants, health workers, health guide, trained dais and school teachers.
- vi) He will organise laboratory services for cases where necessary.
- vii) He will provide guidance to the health assts, health workers, CHG and school teacher in the treatment of minor ailments.

c) Administrative

- i) He will supervise the work of staff working in PHC.
- ii) He will ensure general cleanliness inside and outside the premises of PHC and also proper maintenance of equipment.
- iii) He is the drawing and disbursing officer of PHC.
- iv) He will get indents prepared timely for drugs, instruments, vaccines and oral contraceptive etc, sufficiently in advance and will submit them to the appropriate health authorities.
- v) He will ensure to keep up-to-date the stock registers of store, drugs etc.
- vi) He will conduct monthly meetings with his staff and scrutinizes the programmes of his staff and suggests changes whenever necessary.

d) Training

- i) He will organise training programmes including continuing education with the assistance of CHO.
- ii) He will give training to CHGs and TBAs.
- iii) He will educate community about important health problems and their prevention.